



TRANSAMERICA EMPLOYEE BENEFITS

# STOP LOSS APPLICATION BOOKLET

Thank you for considering our products to meet the needs of your clients.

Sign the pages listed and send them to:

**Transamerica Employee Benefits**  
1400 Centerview Drive,  
Little Rock, AR 72211  
Fax: (866) 224-1923  
  
Heidrun.Norman@transamerica.com

## SIGNATURE CHECKLIST

SIGN the following pages:

4



Signed It!

5



Signed It!

## SUBMISSION CHECKLIST

SEND the following pages:

2



Sent It!

3



Sent It!

4



Sent It!

5



Sent It!

MGU:

## APPLICATION FOR APPOINTMENT

Required for processing appointment and background investigation.

### NATURAL PERSON INFORMATION

Complete this section if you are applying as a **Natural Person**.

- 1 Full Legal Name \_\_\_\_\_
- 2 SSN \_\_\_\_\_ E-mail \_\_\_\_\_
- 3 Home Address \_\_\_\_\_  
\_\_\_\_\_
- 4 Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_
- 5 Spouse Name \_\_\_\_\_
- 6 Date of Birth \_\_\_\_\_ Gender: Male Female
- 7 Business Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- 8 Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Business Cell \_\_\_\_\_

### BUSINESS ENTITY INFORMATION

Complete this section if you are applying as a **Business Entity**.

- 1 Full Legal Name of Entity \_\_\_\_\_  
*exact name as it appears on license*
- 2 State Where Entity Organized \_\_\_\_\_
- 3 Date Entity Organized \_\_\_\_\_
- 4 Type:      Corporation  Partnership  Limited Liability  
           Other (please specify) \_\_\_\_\_
- 5 How long doing business in community \_\_\_\_\_
- 6 Taxpayer ID # \_\_\_\_\_
- 7 Business Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- 8 Bus. Phone \_\_\_\_\_ ext. \_\_\_\_\_ Bus. Fax \_\_\_\_\_  
Business E-mail Address \_\_\_\_\_

## BACKGROUND INFORMATION

“YES” answers to questions 11 - 20, require explanation. Please attach it to the application.

**9 Five-year Residential History (begin with the most recent, attach an extra sheet if necessary.)**

*From/To                      Street    City    State                      Zip*

---



---



---

		Natural Person		Business Entity	
		Yes	No	Yes	No
<b>Have you or the legal entity:</b>					
10.	<b>EVER</b> plead guilty or no contest to, or been convicted of, any felony or misdemeanor (exclude minor traffic offenses), or are there any criminal charges currently pending against it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<b>EVER</b> been the subject of disciplinary sanctions, reprimand, fine, assessment, consent order, license suspension, or license revocation for any insurance or securities activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<b>EVER</b> or is it now involved in a complaint to or investigation by an insurance or securities department?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<b>EVER</b> had a fidelity or fiduciary bond denied or revoked, or has a bonding company paid out on a bond for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<b>EVER or is it now involved in any litigation or bankruptcy or are there any unsatisfied judgments or liens outstanding against it?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<b>EVER</b> been known corporately by another name, conducted business under any assumed name or carried bank accounts in another name than that shown on this application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	<b>EVER</b> had an agency contract nulled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Indebted or alleged to be indebted to any insurer as general agent under an agency contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	<b>Have you or any corporate officer or director or member of partnership EVER:</b>				
a.	Been associated with a firm, over which such person exercised management or policy control, which was charged, during the tenure of such person with such firm, with a felony or misdemeanor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Been suspended or barred from the practice of any profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Been involuntarily terminated or permitted to resign from employment from an agent or representative appointment with any insurance or other financial services company other than for lack of production? (including but not limited to violation of insurance or investment related statutes, regulations, rules or industry standards of conduct and failure to supervise in connection with the same, fraud or the wrongful taking of property, made a general assignment or associated with a firm who did so for benefit of creditors, insolvent, filed a voluntary bankruptcy petition, or been adjudged to be bankrupt.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Are you or the legal entity now the subject of any complaint investigation, or proceeding that could result in a “yes” answer to any of the above questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## NON-RESIDENT APPOINTMENT REQUEST

Please note if you sell our LTC-Rider products you will be required to send in your LTC certificate.  
For questions about LTC Training & Continuing Education contact the State’s Department of Insurance.

Appoint me in the following Non-Resident states: \_\_\_\_\_

If this form is sent to us by facsimile machine (fax), the undersigned adopts the document received by us as a duplicate original and adopts the signature produced by the receiving fax machine as the undersigned's original signature.

<p><b>VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994</b></p>	<p>The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include Civil fines up to \$50,000 and imprisonment for up to 15 years.</p> <p><b>Will there be a violation of the 1994 Crime Act if you act as an insurance agent?                      Yes      No</b></p>						
<p><b>APPLICANT'S DECLARATION</b></p>	<p>1. I hereby certify my answers to the questions appearing in this application are true and complete.</p> <p>2. Under penalties of perjury, I hereby certify (1) the Taxpayer Identification Number (TIN) on this application is correct and (2) that the legal entity is not currently subject to backup withholding. (Cross out (2) if not correct.)</p> <p>3. I hereby acknowledge that I have read, understand, received and retained for my records a copy of the Fair Credit Reporting Act Disclosure.</p> <p><b>EXECUTION:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 70%; text-align: center;"><i>Full Name of Natural Person</i></td> <td style="border-top: 1px solid black; width: 30%; text-align: center;"><i>Date</i></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;"><i>Full Name of Business Entity</i></td> <td style="border-top: 1px solid black; text-align: center;"><i>Date</i></td> </tr> </table> <p><b>X</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 70%; text-align: center;"><i>Signature of Natural Person, Authorized Officer or Partner</i></td> <td style="border-top: 1px solid black; width: 30%; text-align: center;"><i>Title</i></td> </tr> </table> <p><b>YOU MUST BE APPOINTED BY AND HAVE A FULLY EXECUTED CONTRACT WITH THE COMPANY PRIOR TO ANY SOLICITATION OF BUSINESS AND COLLECTION OF ANY MONIES.</b> (Supplies, including policy applications, will be sent when all forms are processed and appointment is effective.)</p>	<i>Full Name of Natural Person</i>	<i>Date</i>	<i>Full Name of Business Entity</i>	<i>Date</i>	<i>Signature of Natural Person, Authorized Officer or Partner</i>	<i>Title</i>
<i>Full Name of Natural Person</i>	<i>Date</i>						
<i>Full Name of Business Entity</i>	<i>Date</i>						
<i>Signature of Natural Person, Authorized Officer or Partner</i>	<i>Title</i>						



